



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**APPLICATION FOR LIMITED DRIVING PRIVILEGE**

TELEPHONE: (573) 751-4475  
WEB SITE: [www.dor.mo.gov](http://www.dor.mo.gov)

FORM  
**4595**  
(REV 7-03)

**PLEASE PRINT CLEARLY**

1. NAME OF APPLICANT \_\_\_\_\_

2. APPLICANT'S STREET ADDRESS (HOUSE NUMBER AND STREET NAME, NOT A P.O. BOX) \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____	COUNTY _____
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APPLICANT'S MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS) \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____	COUNTY _____
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3. DRIVER LICENSE NUMBER \_\_\_\_\_

4. SOCIAL SECURITY NUMBER \_\_\_\_\_

5. APPLICANT'S DATE OF BIRTH \_\_\_\_\_

6. Applicant's driver license and/or privileges are suspended for a period of \_\_\_\_\_ commencing \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ,  
MONTH DAY YEAR ,  
for the following reason(s):  
\_\_\_\_\_

7. I request a limited driving privilege for the following reason(s): **(MUST CHECK AT LEAST ONE, attach extra pages if necessary)**

☐ a. The applicant is employed by (company name): \_\_\_\_\_

Address of your employer: \_\_\_\_\_

If self-employed, provide the type of self-employment, and the name and address of the business: \_\_\_\_\_

☐ b. The applicant's inability to operate a vehicle will result in an undue hardship because of the following reasons:

☐ 1.) The applicant is required to operate a motor vehicle to seek medical treatment.

☐ 2.) The applicant is a student.

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

☐ 3.) The applicant is attending an alcohol/drug treatment program.

Name of Program: \_\_\_\_\_

Address of Program: \_\_\_\_\_

☐ 4.) List other special circumstances, if any, that require the applicant to operate a motor vehicle:  
\_\_\_\_\_  
\_\_\_\_\_

**The applicant must have proof of insurance (i.e., SR-22) on file with the Director of Revenue prior to submitting this application.  
COPIES OF INSURANCE CARDS AND POLICIES ARE NOT ACCEPTABLE.**

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO: MISSOURI DEPARTMENT OF REVENUE, DRIVER AND VEHICLE SERVICES BUREAU, 301  
WEST HIGH STREET, ROOM 470, P.O. BOX 200, JEFFERSON CITY, MO 65105-0200,  
OR YOU MAY FAX YOUR APPLICATION TO: (573) 522-8795. PLEASE DO NOT DO BOTH.**